

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

10/726,971

Filing Date

December 2, 2003

First Named Inventor

Harper, Jack

Art Unit

2131

Examiner Name

Taghi T. Arani

Attorney Docket Number

40172-000110

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. No fee transmittal is attached as this Amendment is being timely filed with 25 total claims having previously paid for 26 total claims and 4 independent claims having previously paid for 4 independent claims.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

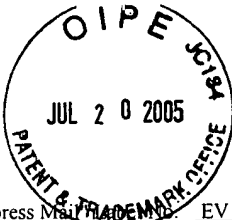
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	William J. Daley		
Date	July 20, 2005	Reg. No.	52,471

## CERTIFICATE OF TRANSMISSION/MAILING

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I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date July 20, 2005 and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Sara B. McPeak	Date	July 20, 2005



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PATENT  
Attorney Docket No.: 40172-000110

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date indicated above and is addressed to:

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

By: \_\_\_\_\_

Sara B. McPeak

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jack Harper

Application No.: 10/726,971

Filed: December 2, 2003

For: OPTICAL CARD BASED SYSTEM  
FOR INDIVIDUALIZED TRACKING  
AND RECORD KEEPING

Customer No.: 20350

Confirmation No. 4391

Examiner: Taghi T. Arani

Technology Center/Art Unit: 2131

### AMENDMENT

#### **MAIL STOP: Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed April 21, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.